



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
Insurance Division – Agent Licensing  
500 James Robertson Parkway  
Nashville, TN 37243-1134  
615 741-2693**

Fax: 615-532-2862

ce.agent.licensing@state.tn.us

**LICENSING REQUIREMENTS FOR  
RESIDENT INSURANCE PRODUCERS REQUIRED TO TAKE EXAMINATIONS**

An “Insurance Producer” is a person required to be licensed under the laws of Tennessee to Sell, Solicit or Negotiate insurance.

**General Requirements**

1. The applicant is at least eighteen (18) years of age.
2. Resides in Tennessee.
3. The applicant is competent, trustworthy, financially responsible, and has a good business reputation.
4. The applicant is required to pass a written examination and complete a prelicensing course of study thru an approved education provider for each line of insurance for which an insurance license is requested. Such course of study must consist of the following minimum number of hours. Approved education providers can be found on the Department’s website at [www.tn.gov/commerce/](http://www.tn.gov/commerce/) under Downloadable Reports.

**Lines of Insurance**

**Number of Hours**

Life	20
Accident & Health	20
Property	20
Casualty	20
Title	5
Personal Lines	20

**Application Procedure**

1. Complete Uniform Resident Producer Application (attached).
2. Complete prelicensing education requirements through an approved prelicensing education provider for the line(s) of insurance for which you wish to be licensed (Provider will complete prelicensing certification).
3. Schedule your examination with Promissor. (Phone: (800) 274-4957)
4. Fingerprint based background check is required -- see attached instructions.
5. Submit your application materials and filing fee (\$50.00) at the Promissor Testing Center when you arrive for your examination.
6. Pass the required examination.
7. You will be issued a license by the Tennessee Department of Commerce and Insurance once you pass your examination and the Department of Commerce and Insurance is satisfied that you meet all other licensing requirements. THE TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE MAKES THE FINAL DECISION AS TO WHETHER TO LICENSE ANY APPLICANT UNDER TENNESSEE INSURANCE LAW.

If such a license is issued, the producer shall not engage in the business of insurance until contracted by an insurer.



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**FINGERPRINTING INSTRUCTIONS  
FOR INSURANCE PRODUCERS**

Effective July 1, 2008, individuals taking an insurance examination must be fingerprinted for background checks through the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI).

Requests for fingerprinted-based background checks must be submitted through the use of Cogent Tennessee Applicant Background Check Procedures.

1. Registration
  - Call 1-877-862-2425 or register online at [www.tennessee.cogentid.com](http://www.tennessee.cogentid.com)  
Make sure that your Social Security number is collected correctly.
  - Agency **ORI #: TN920680Z** (required for registration)
  - Transaction Type: **“IP”** (required for registration)
2. Payment
  - Call 1-800-964-7690 to submit payment via credit or debit card
  - Go online to [www.tnprints.com](http://www.tnprints.com) to submit payment via credit or debit card
  - Money orders made out to Cogent Systems are also accepted at the fingerprint service sites. CASH is NOT accepted.
3. Fingerprinting
  - Go to the facility nearest you to be fingerprinted, no appointment necessary (Print locations are available at [www.tennessee.cogentid.com](http://www.tennessee.cogentid.com)). **Applicant must be registered and have made arrangements for payment** prior to fingerprinting.
  - At the fingerprint service site the Applicant must provide valid State or Federal government issued identification.
  - Fingerprints will be electronically forwarded to the Tennessee Bureau of Investigation and all results of the fingerprint background check will be provided to the Tennessee Department of Commerce and Insurance.

Applicants may be fingerprinted prior to taking the examination. Obtaining the fingerprints beforehand will minimize the risk that the license issuance will be delayed while awaiting the results from both the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI).

Licenses CANNOT be issued until the background checks have been received by the Tennessee Department of Commerce and Insurance.



**Uniform Application for  
Individual Insurance Producer License**  
(Please Print or Type)

**Check appropriate box for license requested.**

- ☐ Resident License
- ☐ Non-Resident License
- Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

**Demographic Information**

① Soc. Security Number  - -		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc	⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ____ (day) ____ (year) ____
⑨ Residence/Home Address (Physical Street)	⑩ P.O. Box	⑪ City	⑫ State ⑬ Zip Code ⑭ Foreign Country
⑮ Home Phone Number ( ) -	⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)	
⑱ Business Entity Name			
⑲ Business Address (Physical Street)	⑳ P.O. Box	㉑ City	㉒ State ㉓ Zip Code ㉔ Foreign Country
㉕ Business Phone Number (include extension) ( ) -	㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address ㉘ Business Web Site Address	
㉙ Applicant's Mailing Address	㉚ P.O. Box	㉛ City	㉜ State ㉝ Zip Code ㉞ Foreign Country
㉟ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.  b. List any trade names under which you are currently doing business or intend to do business.			

**Agency or Business Entity Affiliations**

㊿ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)			
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	

**Employment History**

㊿ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.				
	From	To		
	Month	Year	Month	Year
Name				
City State Foreign Country				
Name				
City State Foreign Country				
Name				
City State Foreign Country				
Name				
City State Foreign Country				

(State Use)



38 Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

<b>License Types:</b>	<b>A</b> – Agent	<b>B</b> – Broker	<b>P</b> - Producer	<b>SLP</b> – Surplus Lines Producer		
<b>Lines of Authority:</b>	<b>V</b> – Variable Life/Variable Annuity	<b>L</b> – Life	<b>H</b> – Accident & Health or Sickness	<b>P</b> – Property	<b>C</b> – Casualty	<b>PL</b> – Personal Lines
<b>Limited Lines:</b>	<b>Credit</b> – Credit	<b>CR</b> – Car Rental	<b>CROP</b> - Crop	<b>T</b> – Travel	<b>S</b> – Surety	<b>O</b> – Other: Specify Type

[illegible]



## Uniform Application for Individual Insurance Producer License

### Background Information

69 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_\_ No \_\_\_\_
- "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment, and

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_\_ No \_\_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes \_\_\_\_ No \_\_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrears? Yes \_\_\_\_ No \_\_\_\_

If you answer yes,

- a) by how many months are you in arrears? \_\_\_\_\_ Months
- b) are you currently subject to a repayment agreement? Yes \_\_\_\_ No \_\_\_\_
- c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_\_ No \_\_\_\_



## Uniform Application for Individual Insurance Producer License

### Applicant's Certification and Attestation

④ The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining Applicant's qualification for licensure. *(Applicable only to residents of Alaska)*

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

④ The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).

# State of Tennessee

## Lines of Authority Uniform Application Attachment

**\*\*\*REQUIRED FEES: Resident - \$50.00 Application Fee. Nonresident - \$50.00 Application Fee PLUS any retaliatory fee, if applicable. FILING FEES ARE NONREFUNDABLE. Attach a money order, certified check, cashier's check or insurance company check payable to the Tennessee Department of Commerce and Insurance.**

### Insurance Producer

Life	Property	Variable Contracts
Accident & Health	Casualty	Personal Lines
Title		

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### Limited Insurance Producer

**Other – Limited Line** (check all that apply)

- ☐ Bailbondsman
- ☐ Crop Hail
- ☐ Travel Accident & Baggage
- ☐ Legal
- ☐ Title – Practicing Attorney (Must file Title Certification and Bond)
- ☐ Credit Products (Includes Credit Life, Credit Disability, Credit Property, Credit Unemployment, Involuntary Unemployment, Mortgage Life, Mortgage Guaranty, Mortgage Disability, Guaranteed Automobile Protection (GAP) and any other form of insurance offered in connection with an extension of credit that is limited to, partially or wholly, extinguishing that credit obligation.)

\*\*\*Lines requested should be entered on Page 2 of the Uniform Application

**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE**

**PRELICENSING EDUCATION  
PROOF OF COMPLETION**

(Form Must Be Completed by Prelicensing Provider and attached to Uniform Resident Application)

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

<i>Name of Provider</i>	<i>Authorization No.</i>	<i>No. of Hours</i>	<i>Lines of Insurance</i>	<i>Date Completed</i>
1. _____				
2. _____				
3. _____				
4. _____				

**TYPE OF LICENSE REQUESTED**

\_\_\_Life \_\_\_Accident & Health \_\_\_Property \_\_\_Casualty \_\_\_Personal Lines \_\_\_Title

I certify that I personally completed the above course (s).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I certify that the above named student has successfully completed the prelicensing course listed above.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Name of Instructor (Typed or Printed)

\_\_\_\_\_  
Date